

Dear colleagues,

I apologize for not writing all 80 Qs because we delayed it for some time. The statements below reflect the main points in each question, but they were 3-4 lines on average, and have readings of lab tests. Try to review more question with cases and the answers below as well. Good luck.

Musaad,

1. 2-day-old well looking baby presented with multiple non tender lesions consisting of macules, papules, and some vesicles mainly on the face and trunk. The most likely diagnosis is:  
A. Erythema toxicum  
B. Varicella infection
2. 2-year-old boy presented with painful swollen hands for a few hours. His hemoglobin was 6.8. The most likely diagnosis is:  
A. Sickle cell anemia
3. A patient presented with jaundice, pallor, and pancytopenia. The most likely diagnosis:  
A. ALL  
B. Autoimmune hemolytic anemia
4. The blood pressure cuff that covers one third of the arm causes:  
A. Increased reading  
B. Decreased reading  
C. Pain and discomfort  
D. Pulsus paradoxus
5. A picture of neural tube defect. This is usually associated with:  
A. Hydrocephalus
6. In Down's syndrome, there is usually:  
A. Hypothyroidism
7. A stable patient on examination was found to have cyanosis of the lower extremities. The most likely diagnosis is:  
A. Congenital heart defect  
B. Methemoglobinemia
8. A continuous murmur that heard over the left upper sternal edge is most likely caused by:  
A. PDA
9. A patient with newly discovered murmur. The most effective treatment to prevent mitral regurgitation is:  
A. Penicillin IM monthly  
B. IV penicillin for 6 weeks

10. A patient with systolic murmur and high fever preceded by a history of respiratory tract infection. His ASO titer was high. The most likely diagnosis is:  
A. Infective endocarditis  
B. Rheumatic fever
11. A patient developed fever (38), pain in the left elbow, then in the right knee, and now his left elbow is pain-free. His condition was associated with myalgia. The most likely diagnosis is:  
A. Idiopathic juvenile arthritis  
B. SLE  
C. Rheumatic fever
12. A patient had acute diarrhea and vomiting for 3 days. He has signs of moderate to severe dehydration and his weight is 9 kg. the fluid deficit is:  
A. 900-1000cc  
B. 450-500cc
13. A patient had acute diarrhea and vomiting. On examination, he was tachypnea, BP 50/30, slightly depressed fontanelle, sunken eyes and dry mucous membranes. The most likely diagnosis is:  
A. Moderate isonatremia  
B. Severe hyponatremia  
C. Severe hypernatremia
14. A 2-year-old girl can:  
A. Close the lower buttons of her clothes  
B. Kick a ball on request
15. A 6-month-old child who can sit without support, has monosyllabic speech can:  
A. Transfer objects from one hand to another
16. A 9-month-old child can:  
A. Say "dada" and "mama"  
B. Place a cube in a cup
17. A case of bronchiolitis. The most likely organism to be found is:  
A. HiB  
B. Parainfluenza A  
C. RSV
18. A patient with a history of one year night cough that was unresponsive to cough suppressants. The most likely diagnosis is:  
A. Bronchial asthma
19. A typical case of croup and the question was about the diagnosis.
20. A typical case of infectious mononucleosis and the question was about the diagnosis.

21. A typical case of measles and the question was about the diagnosis (unvaccinated).
22. A typical case of mumps and the question was about the diagnosis.
23. A typical case of gastroenteritis. The most likely organism:  
A. Rotavirus  
B. Adenovirus  
C. Rhinovirus
24. A 13/12 month child in KSA should receive:  
A. One dose of MMR
25. A case presented with short stature, hirsutism, and features of hypothyroidism. This is usually associated with:  
A. Turner's syndrome  
B. Edward's syndrome
26. A picture of umbilical hernia with constipation. The most likely diagnosis is:  
A. Hypothyroidism
27. A picture of nephrotic syndrome (page 318 left). The mainstay of treatment is:  
A. Diuretics  
B. Systemic steroids
28. A patient presented with hematuria and features of nephrotic syndrome. The initial investigation to be done is:  
A. Urinalysis
29. A typical case of hemolysis. The patient's uncle was admitted due to "acute anemia". The most likely diagnosis is:  
A. G6PD deficiency  
B. Sickle cell anemia
30. A case of meningitis. The first things to be done are:  
A. LP, blood culture, and antibiotics
31. A patient with previous history of otitis media treated with amoxicillin now has low glucose and high protein in LP. The most likely diagnosis is:  
A. Partially treated meningitis  
B. TB meningitis  
C. Viral meningitis
32. A patient had diarrhea followed by hematuria, and found to have thrombocytopenia. The most likely diagnosis is:  
A. Hemolytic uremic syndrome (HUS)

33. A patient presented with jaundice, and nonbilious projectile vomiting. On examination he was found to have visible gastric peristalsis and palpable mass. He has also hyperchloremic alkalosis. The most likely diagnosis is:  
A. **Pyloric stenosis**
34. The best chelating agent in iron poisoning is:  
A. Activated charcoal  
B. Gastric lavage  
C. **Desferrioxamine**
35. A patient with VP shunt. A failure of shunt is suggested by:  
A. Anterior fontanelle of  $4 \times 6$  cm  
B. **Increased head circumference**
36. A patient with motor developmental delay and hypertrophied calf muscles. The most likely diagnosis is:  
A. **Duchene's muscular dystrophy**
37. A case of short stature. The first thing to be reviewed is:  
A. Upper to lower segment ratio  
B. Height  
C. **Growth velocity**
38. In a shocked child with undetectable peripheral pulses. The next option to start fluid therapy is:  
A. Internal jugular vein  
B. **Interosseous membrane**
39. In a 10 kg child with severe dehydration. The first bolus will be:  
A. **200cc**  
B. 400cc  
C. 1000cc
40. A patient with recurrent cutaneous abscesses and history of multiple lung and hepatic abscesses. The most likely diagnosis is:  
A. **Chronic granulomatous disease**  
B. SCID  
C. Agammaglobulinemia
41. In a patient with 200 bacteria found in the urine is suggestive of UTI if the sample was taken by:  
A. Transurethral catheter  
B. **Suprapubic tap**
42. Immunoglobulins are indicated strongly for:  
A. **3-year-old boy with Kawasaki**
43. A patient with proximal muscle weakness and heliotropic rash. The most likely diagnosis is:  
A. **Dermatomyositis**

44. In a patient with seizure in the ER. The first thing to do is:  
A. Secure the airway  
B. Administer diazepam  
C. Administer lorazepam
45. A 7-year-old girl presented with learning difficulty, diarrhea, weight loss and tremor. The most likely diagnosis is:  
A. Hyperthyroidism
46. The risk of autosomal recessive disorders is increased with:  
A. Consanguinity
47. A 10-month-old exclusively breast feed child has buccal bleeding and prolonged PT. the most likely diagnosis is:  
A. Vitamin K deficiency
48. A picture of pneumothorax looking for diagnosis.
49. A patient with features of failure to thrive and steatorrhea. The most likely diagnosis is:  
A. Malabsorption syndrome
50. The prophylactic measure for moderate persistent asthma is:  
A. Inhaled steroids
51. Cyanosis at birth is caused by:  
A. TGA  
B. ASD  
C. VSD
52. A patient suddenly developed hematuria, peripheral edema, shortness of breath, and BP 190/110. the most likely diagnosis is:  
A. Acute GN  
B. Chronic hypertension  
C. Pericarditis
53. A 9-year-old boy with polyuria, polydipsia, weight loss, and hyperglycemia, was presented with abdominal pain and vomiting, and found to have acidosis. The most likely diagnosis is:  
A. DKA  
B. Diabetes insipidus  
C. Habitual drinking
54. In a calm patient with shortness of breath who has right lower segment crackles, you need to:  
A. Do lateral CXR with expiration
55. Ptosis at the evening is suggestive of:  
A. Myasthenia gravis

56. Staring eyes and 3 per second spikes on EEG are features of which type of seizures?  
A. Absence
57. A patient with shortness of breath and cough has hyperinflation and perihilar infiltration on CXR. The most likely diagnosis is:  
A. Bronchiolitis  
B. Mycoplasma pneumonia
58. The natural history of hemangioma:  
A. Grows then regresses in years
59. Rectal prolapse, chronic cough and steatorrhea are features of:  
A. Cystic fibrosis
60. A patient (above 1 year) who complained of absent deep tendon reflexes, weakness and wasting probably has:  
A. Spinal muscular atrophy
61. A patient with failure to thrive and recurrent infections. The most likely diagnosis is:  
A. HIV
62. A 3-year-old boy has painful hip, fever, and refuses to move his hip is most likely has:  
A. Septic arthritis  
B. Osteomyelitis
63. A CBC results of poor nutrition usually shows:  
A. Iron deficiency anemia
64. A picture of periorbital cellulitis. The commonest organisms are:  
A. HiB and pneumococcus
65. A picture (page 185) of congenital adrenal hyperplasia (CAH) looking for diagnosis.
66. A female patient presented with salt losing diarrhea and has hyponatremia, hyperkalemia, and high testosterone. The most likely diagnosis is:  
A. CAH
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**OSCE Stations:**

1. Respiratory Examination.
  2. Developmental History.
  3. Abdominal Examination.
  4. Hand and Wrist Examination (Neuro and MSK), signs of Rickets.
  5. Jaundice; History and detailed discussion about treatment (you have to know bilirubin chart to determine the treatment's modality and complications of each treatment).
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